BEST AVAILABLE COPY												
, , , , , , , , , , , , , , , , , , , ,						Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECOF							D AGKIGOCC					
Effective December 29, 1999 U1/5 4357												
CLAIMS AS FILED - PART I							HE	NTITY		OTHER	THAN	
(Column 1) (Column 2)							EC		OR	SMALL		
FOR NUMBER FILED NUMBER EXTRA				EXTRA	RAT	F T	FEE		RATE	FEE		
-	CIC FEE						1	345.00	}	SOUTH BE	690.00	
BA	SIC FEE					3		345.00	OR	* <b>*</b> * * * * * * * * * * * * * * * * *	(ز ش	
TOTAL CLAIMS		<u> </u>	50° minus 20= · 3			X\$ 9=			OR	X\$18=	54010	
IND	EPENDENT CL	AIMS	/ minus 3 = * /			X39=			OR	X78=	1800	
MULTIPLE DEPENDENT CLAIM PRESENT						+130				+260=		
to life the difference in column t is less than and also Africa A						L	-		OR		1-2000	
If the difference in column 1 is less than zero enter the person of the same o							امِلاً		OR	TOTAL	1,5084	
CLAIMS AS AMENDED - PART II									-	OTHER		
	Δ.	(Column 1)		(Column 2)	(Column 3)	SMA	LLE	NTITY	OR	SMALL	ENTITY	
A		CLAIMS REMAINING		HIGHEST NUMBER	PRESENT	5.47	_	ADDI-		DATE	ADDI-	
Z		AFTER AMENDMENT		PREVIOUSLY PAID FOR	EXTRA	RAT	╘ ┃	TIONAL FEE		RATE	TIONAL FEE	
AMENDMENT	Total	· 4550	Minus	50	=	X\$ 9	_		OR	X\$18=		
JEN	Independent	. (4	Minus	d	=	X39				X78=		
A	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	ENDENT CLAIM				,	OR	770-		
						+130	=		OR	+260=		
	71811	i					TAL		OR	TOTAL		
	13/64 13/64					ADDIT. F	EE L		JO. 1	ADDIT. FEE		
		(Column 1) CLAIMS	Dept. Secondary	(Column 2) HIGHEST	(Column 3)			4001			1001	
8		REMAINING		NUMBER	PRESENT	RATI		ADDI- FIONAL		RATE	ADDI- TIONAL	
Z		AFTER AMENDMENT		PREVIOUSLY PAID FOR	EXTRA	7151		FEE		TOTIC	FEE	
NDMENTB	Total .	. 50	Minus	50	= .	X\$ 9	=		OR	X\$18=		
AME	Independent	• 4	Minus	*** 4	=	X39	_		OR	X78=		
٧	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						十		011			
						+130			OR	+260=		
	/					TO ADDIT. F			OR	TOTAL ADDIT, FEE		
		(Column 1)		(Column 2)	(Column 3)							
		CLAIMS	No.	HIGHEST			T	ADDI-			ADDI-	
1		REMAINING AFTER		NUMBER PREVIOUSLY	PRESENT EXTRA	RAT		TIONAL		RATE	TIONAL	
Æ		AMENDMENT		PAID FOR	<del>                                     </del>	<u> </u>	-	FEE			FEE	
ND	Total	•	Minus	**	=	X\$ 9	=		OR	X\$18=		
AMENDMENT	Independent		Minus	***	=	X39:	<u> </u>		OR	X78=		
$\Box$	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						<u>.</u> †			000		
	and the section of th								OR	+260=		
"If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  OR ADDIT. FEE  ADDIT. FEE												
***	If the "Highest Nu	mber Provincely P	aid For IN THI	S SPACE is less the r Independent) is the	ın 3. enter "3."			ropriate bo				
	agricativali	, ,, , .			-		-					